

CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: \_\_\_\_\_

W.A. Title: \_\_\_\_\_

Contract No: \_\_\_\_\_

\_\_\_\_\_

W.A. No: \_\_\_\_\_ Modification No.: \_\_\_\_\_

W.A. Originator: \_\_\_\_\_

Contracted Work Area: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

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Part I. INITIATOR'S REQUEST

A. Period of Performance: From \_\_\_\_\_ to \_\_\_\_\_

B. Work Assignment Description

C. Work Assignment Leader

D. Deliverables

E. W.A. Response Due Date: \_\_\_\_\_

## CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: \_\_\_\_\_ Contract No: \_\_\_\_\_

W.A. No: \_\_\_\_\_ Modification No: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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### PART II. CONTRACTOR'S RESPONSE TO W.A. REQUEST

(The Contractor may attach additional sheets to this form to present requested data.)

A. Estimated Cost and Effort

1. Labor hours - list W.A. leader, specific individuals to be assigned, labor category, and estimated hours for each.
2. Labor costs - list by labor category and total.
3. Employee benefits.
4. Direct materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total estimated costs for this Assignment

B. Detailed description of the approach to be used and of the deliverable(s). (Be specific.)

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APPROVAL TO PROCEED: The Contractor shall not exceed the estimated labor hours, estimated W.A. amount, or change the W.A. leader without the prior written approval of the Project Officer and the Contracting Officer.

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1. For the Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Typed name: \_\_\_\_\_

2. For the Government: \_\_\_\_\_ Date: \_\_\_\_\_  
(Project Officer)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Contracting Officer)

## CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: \_\_\_\_\_ Contract No: \_\_\_\_\_

W.A. No: \_\_\_\_\_ Modification No: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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### PART III. CONTRACTOR'S REPORT OF W.A. PERFORMANCE

(The Contractor may attach additional sheets to this form to present the requested data.)

A. Actual Cost and Effort

1. Labor hours - list specific assigned individuals, labor category, and actual hours worked.
2. Labor costs - list labor category, individual, and total amount.
3. Employee benefits
4. Direct Materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total costs for this W.A.

B. Report of Deliverables

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### REVIEW AND APPROVAL OF SATISFACTORY PERFORMANCE

The signatures below indicate that the services/products required under Work Assignment No. \_\_ have been delivered, received and satisfactorily meet the requirements of this Work Assignment.

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1. For the Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Typed name: \_\_\_\_\_

2. For the Government: \_\_\_\_\_ Date: \_\_\_\_\_  
(Project Officer)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Contracting Officer)